

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **097700113**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10	1						60						
11							61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18		9					68						
19		9					69						
20		1					70						
21	1						71						
22		1					72						
23							73						
24	1						74						
25		1					75						
26		1					76						
27	1						77						
28							78						
29		1					79						
30	1						80						
31		1					81						
32							82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		1					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	55						TOTAL DEP.						
TOTAL CLAIMS	61						TOTAL CLAIMS						